

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107070622	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		1			
4		1		1			
5		1		1			
6		1		1			
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TOTAL IND.	1		1				
TOTAL DEP.	11		10				
TOTAL CLAIMS	12		11				
51							
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